

Fill in this information to identify your case and this filing:

Debtor 1 ELIZABETH THOMAS
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of New York

Case number 25-11431

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1. 8202 TERRA VALLEY LANE
Street address, if available, or other description

TOMBALL TX 77375
City State ZIP Code

HARRIS
County

What is the property? Check all that apply.

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ 495,782.00

Current value of the portion you own? \$ 495,782.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2. _____
Street address, if available, or other description

City State ZIP Code

County

What is the property? Check all that apply.

- ☐ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ _____

Current value of the portion you own? \$ _____

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

Debtor 1

First Name Middle Name Last Name

Case number (if known) 25-11431

1.3. Street address, if available, or other description
 City State ZIP Code
 County

What is the property? Check all that apply.

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ \$

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ **Check if this is community property** (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.

\$ 495,782.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No
☒ Yes

3.1. Make: HYUNDAI
 Model: ACCENT
 Year: 2014
 Approximate mileage: 53,789
 Other information:

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ 4,811.00 \$ 4,811.00

If you own or have more than one, describe here:

3.2. Make:
 Model:
 Year:
 Approximate mileage:
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ **Check if this is community property** (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **Current value of the portion you own?**

\$ \$

3.3. Make: _____
Model: _____
Year: _____
Approximate mileage: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

3.4. Make: _____
Model: _____
Year: _____
Approximate mileage: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☐ No
☐ Yes

4.1. Make: _____
Model: _____
Year: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

If you own or have more than one, list here:

4.2. Make: _____
Model: _____
Year: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ _____ \$ _____

5. **Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here**

\$ 4,811.00

Debtor 1

First Name

Middle Name

Last Name

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe..... 1 bedroom sets 10 Linens set, 1 washer, 1 dryer, pot sets, knife sets, stove, \$ 9,000.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe..... 2 TV., 1 radio, 1 computer, 1 laptop, printer, cell phone, sound system video \$ 3,500.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No

☒ Yes. Describe..... sliver and gold coins stolen on august 15, 2023 \$ 50,000.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe..... treadmill, boxing bag boxing gloves weights work bench tapes stolen 8/15/23 \$ 3,000.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe..... \$ 0.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe..... jeans, dress pants, shirts, blouses, leather coat, fur coat, designer shoe wear \$ 50,000.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe..... Diamond Earrings Diamond Rings- Diamond Bracelet-Diamond Tennis Necklac \$ 30,000.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe..... toy poodle \$ 3,500.00

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information. \$

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

for Part 3. Write that number here →

\$ 149,000.00

Part 4: Describe Your Financial Assets

| Do you own or have any legal or equitable interest in any of the following? | | Current value of the portion you own? <small>Do not deduct secured claims or exemptions.</small> |
|--|--------------|---|
| 16. Cash <i>Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition</i> | | |
| <input type="checkbox"/> No | | |
| <input checked="" type="checkbox"/> Yes | | Cash: \$ 20.00 |
| 17. Deposits of money <i>Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.</i> | | |
| <input type="checkbox"/> No | | |
| <input checked="" type="checkbox"/> Yes | | Institution name: |
| 17.1. Checking account: | Regions Bank | \$ 50.00 |
| 17.2. Checking account: | | \$ |
| 17.3. Savings account: | | \$ |
| 17.4. Savings account: | | \$ |
| 17.5. Certificates of deposit: | | \$ |
| 17.6. Other financial account: | | \$ |
| 17.7. Other financial account: | | \$ |
| 17.8. Other financial account: | | \$ |
| 17.9. Other financial account: | | \$ |
| 18. Bonds, mutual funds, or publicly traded stocks <i>Examples: Bond funds, investment accounts with brokerage firms, money market accounts</i> | | |
| <input checked="" type="checkbox"/> No | | |
| <input type="checkbox"/> Yes | | Institution or issuer name: |
| | | \$ |
| | | \$ |
| | | \$ |
| 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture | | |
| <input checked="" type="checkbox"/> No | | Name of entity: % of ownership: |
| <input type="checkbox"/> Yes. Give specific information about them..... | | 0% % \$ |
| | | 0% % \$ |
| | | 0% % \$ |

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them.....

Issuer name:

\$

\$

\$

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately.

Type of account:

Institution name:

401(k) or similar plan:

Pension plan:

IRA:

Retirement account:

Keogh:

Additional account:

Additional account:

\$

\$

\$

\$

\$

\$

\$

\$

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes

Institution name or individual:

Electric:

Gas:

Heating oil:

Security deposit on rental unit:

Prepaid rent:

Telephone:

Water:

Rented furniture:

Other:

\$

\$

\$

\$

\$

\$

\$

\$

\$

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes

Issuer name and description:

\$

\$

\$

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\$

\$

\$

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

☐ Yes. Give specific information about them....

\$

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them....

\$

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them....

\$

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal:

State:

Local:

\$

\$

\$

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

Alimony:

Maintenance:

Support:

Divorce settlement:

Property settlement:

\$

\$

\$

\$

\$

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information.....

\$

70.00

Official Form 106A/B

Schedule A/B: Property

page 7

Debtor 1

First Name

Middle Name

Last Name

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

\$ _____

\$ _____

\$ _____

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information.....

\$ 0.00

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☐ No

☒ Yes. Describe each claim.

Wrongful Eviction, Legal Malpractice,

\$ _____

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☐ No

☒ Yes. Describe each claim.

HOA Counter-Claims

\$ 50,000.00

35. Any financial assets you did not already list

☒ No

☐ Yes. Give specific information.....

\$ 0.00

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here



\$ 50,000.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

☒ No

☐ Yes. Describe.....

\$ _____

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No

☐ Yes. Describe.....

\$ _____

Debtor 1

First Name Middle Name Last Name

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No
☐ Yes. Describe..... \$

41. Inventory

☒ No
☐ Yes. Describe..... \$

42. Interests in partnerships or joint ventures

☒ No
☐ Yes. Describe..... Name of entity: % of ownership:
 _____ % \$
 _____ % \$
 _____ % \$

43. Customer lists, mailing lists, or other compilations

☒ No
☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?
☒ No
☐ Yes. Describe..... \$

44. Any business-related property you did not already list

☒ No
☐ Yes. Give specific information \$
 _____ \$
 _____ \$
 _____ \$
 _____ \$
 _____ \$
 _____ \$

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here

\$ 0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No
☐ Yes \$ 0.00

Debtor 1

First Name

Middle Name

Last Name

Case number (if known)

25-11431

48. Crops—either growing or harvested

☒ No

☐ Yes. Give specific information.

\$ _____

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No

☐ Yes

\$ _____

50. Farm and fishing supplies, chemicals, and feed

☒ No

☐ Yes

\$ _____

51. Any farm- and commercial fishing-related property you did not already list

☒ No

☐ Yes. Give specific information.

\$ _____

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here



\$ 0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information.

\$ _____

\$ _____

\$ _____

54. Add the dollar value of all of your entries from Part 7. Write that number here



\$ 0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2



\$ 495,782.00

56. Part 2: Total vehicles, line 5

\$ 4,811.00

57. Part 3: Total personal and household items, line 15

\$ 149,000.00

58. Part 4: Total financial assets, line 36

\$ 70.00

59. Part 5: Total business-related property, line 45

\$ 0.00

60. Part 6: Total farm- and fishing-related property, line 52

\$ 0.00

61. Part 7: Total other property not listed, line 54

+\$ 0.00

62. Total personal property. Add lines 56 through 61.

\$ 153,881.00

Copy personal property total →

+\$ 153,881.00

63. Total of all property on Schedule A/B. Add line 55 + line 62.

\$ 649,663.00

Fill in this information to identify your case:

| | | |
|---|------------|-----------|
| Debtor 1 | ELIZABETH | THOMAS |
| | First Name | Last Name |
| Debtor 2 (Spouse, if filing) | | |
| | First Name | Last Name |
| United States Bankruptcy Court for the: Southern District of New York | | |
| Case number (if known) | 25-11431 | |

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|--|---|--|------------------------------------|
| | Copy the value from <i>Schedule A/B</i> | Check only one box for each exemption. | |
| Brief description: <u>Real Property</u> Line from <i>Schedule A/B</i> : <u>1.1</u> | \$ <u>495,782.00</u> | <input checked="" type="checkbox"/> \$ <u>495,782.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(b)(2) |
| Brief description: <u>HYUNDAI</u> Line from <i>Schedule A/B</i> : <u>2.1</u> | \$ <u>4,811.00</u> | <input checked="" type="checkbox"/> \$ <u>4,811.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(b)(2) |
| Brief description: <u>2 sofas</u> Line from <i>Schedule A/B</i> : <u>3.6</u> | \$ <u>3,500.00</u> | <input checked="" type="checkbox"/> \$ <u>3,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(b)(2) |

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☐ No
☒ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☒ Yes

Debtor 1 **ELIZABETH** **THOMAS** **Page 12 of 41** Case number (if known) **25-11431**

First Name Middle Name Last Name

Part 2: Additional Page

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own <small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim <small>Check only one box for each exemption</small> | Specific laws that allow exemption |
|---|---|---|------------------------------------|
| Brief description: <u>bedroom set, linens</u> Line from Schedule A/B: <u>3.6</u> | \$ <u>4,200.00</u> | <input checked="" type="checkbox"/> \$ <u>4,200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(b)(2) |
| Brief description: <u>50 in and 75in tvs</u> Line from Schedule A/B: <u>3.7</u> | \$ <u>1,800.00</u> | <input checked="" type="checkbox"/> \$ <u>1,800.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(b)(2) |
| Brief description: <u>labtop, compter print</u> Line from Schedule A/B: <u>3.7</u> | \$ <u>2,000.00</u> | <input checked="" type="checkbox"/> \$ <u>2,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(b)(2) |
| Brief description: <u>radio, sound system</u> Line from Schedule A/B: <u>3.7</u> | \$ <u>15,000.00</u> | <input checked="" type="checkbox"/> \$ <u>1,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(b)(2) |
| Brief description: <u>video and cell phone</u> Line from Schedule A/B: <u>3.7</u> | \$ <u>1,000.00</u> | <input checked="" type="checkbox"/> \$ <u>1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(b)(2) |
| Brief description: <u>silver coins</u> Line from Schedule A/B: <u>3.8</u> | \$ <u>30,000.00</u> | <input checked="" type="checkbox"/> \$ <u>30,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(b)(2) |
| Brief description: <u>gold coins</u> Line from Schedule A/B: <u>3.8</u> | \$ <u>20,000.00</u> | <input checked="" type="checkbox"/> \$ <u>20,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(b)(2) |
| Brief description: <u>Equipment for Sport</u> Line from Schedule A/B: <u>3.9</u> | \$ <u>3,000.00</u> | <input checked="" type="checkbox"/> \$ <u>3,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(b)(2) |
| Brief description: <u>Clothing</u> Line from Schedule A/B: <u>3.9</u> | \$ <u>50,000.00</u> | <input checked="" type="checkbox"/> \$ <u>50,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(b)(2) |
| Brief description: <u>Jewelery</u> Line from Schedule A/B: <u>3.9</u> | \$ <u>30,000.00</u> | <input checked="" type="checkbox"/> \$ <u>30,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(b)(2) |
| Brief description: <u>Toy Poodle</u> Line from Schedule A/B: _____ | \$ <u>3,500.00</u> | <input checked="" type="checkbox"/> \$ <u>3,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(b)(2) |
| Brief description: <u>Pending Lasuits</u> Line from Schedule A/B: _____ | \$ _____ | <input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 11 U.S.C. § 522(b)(2) |

Fill in this information to identify your case:

Debtor 1 Elizabeth
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number 25-11431
(If known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☒ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
☐ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

- 2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|---|--|---|
|---|--|---|

2.1

Describe the property that secures the claim:

\$ _____ \$ _____ \$ _____

Creditor's Name

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

2.2

Describe the property that secures the claim:

\$ _____ \$ _____ \$ _____

Creditor's Name

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ _____

Debtor 1 Elizabeth
First Name Middle Name Last Name Case number (if known) 25-11431

| | Additional Page Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|---|---|--|---|--|
| 2 | <p>Describe the property that secures the claim: _____ \$ _____ \$ _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>_____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p> | | | |
| | <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number ____ _</p> | | | |
| 3 | <p>Describe the property that secures the claim: _____ \$ _____ \$ _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>_____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p> | | | |
| | <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number ____ _</p> | | | |
| 4 | <p>Describe the property that secures the claim: _____ \$ _____ \$ _____ \$ _____</p> <p>Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>_____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred _____</p> | | | |
| | <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p> <p>Last 4 digits of account number ____ _</p> | | | |
| <p>Add the dollar value of your entries in Column A on this page. Write that number here: _____</p> <p>If this is the last page of your form, add the dollar value totals from all pages. Write that number here: _____</p> | | \$ _____ | | |

Debtor 1 Elizabeth Case number (if known) 25-11431
First Name Middle Name Last Name

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | |
|--|---|
| <input type="checkbox"/> Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ____ _ ____ _ |
| <input type="checkbox"/> Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ____ _ ____ _ |
| <input type="checkbox"/> Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ____ _ ____ _ |
| <input type="checkbox"/> Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ____ _ ____ _ |
| <input type="checkbox"/> Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ____ _ ____ _ |
| <input type="checkbox"/> Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | On which line in Part 1 did you enter the creditor? ____ Last 4 digits of account number ____ _ ____ _ |

Fill in this information to identify your case:

| | | | |
|---|------------|-------------|-----------|
| Debtor 1 | ELIZABETH | | THOMAS |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: Southern District of New York | | | |
| Case number (If known) | 25-11431 | | |

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | | Total claim | Priority amount | Nonpriority amount | |
|-----|---|--|-----------------|--------------------|--|
| 2.1 | <p>Priority Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____</p> | | | |
| 2.2 | <p>Priority Creditor's Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number _____ \$ _____ \$ _____ \$ _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____</p> | | | |

Part 1:

Your PRIORITY Unsecured Claims – Continuation Page

| After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | Total claim | Priority amount | Nonpriority amount |
|---|-------------|-----------------|--------------------|
| <div><div></div><div><div><div>Priority Creditor's Name</div><div></div></div><div><div>Number</div><div>Street</div><div></div></div><div><div>City</div><div>State</div><div>ZIP Code</div></div></div><div><div>Who incurred the debt? Check one.</div><div><div><input type="checkbox"/> Debtor 1 only</div><div><input type="checkbox"/> Debtor 2 only</div><div><input type="checkbox"/> Debtor 1 and Debtor 2 only</div><div><input type="checkbox"/> At least one of the debtors and another</div><div><input type="checkbox"/> Check if this claim is for a community debt</div></div></div><div><div>Is the claim subject to offset?</div><div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Yes</div></div></div></div> <div><div>Last 4 digits of account number</div><div></div><div>\$</div><div></div><div>\$</div><div></div><div>\$</div><div></div></div> <div><div>When was the debt incurred?</div><div></div></div> <div><div>As of the date you file, the claim is: Check all that apply.</div><div><div><input type="checkbox"/> Contingent</div><div><input type="checkbox"/> Unliquidated</div><div><input type="checkbox"/> Disputed</div></div></div> <div><div>Type of PRIORITY unsecured claim:</div><div><div><input type="checkbox"/> Domestic support obligations</div><div><input type="checkbox"/> Taxes and certain other debts you owe the government</div><div><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</div><div><input type="checkbox"/> Other. Specify</div></div></div> | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| | | | Total claim |
|--|-------------------------------|--|--------------------|
| 4.1 | Jefferson Capital Systems Llc | Last 4 digits of account number <u>9 0 3 3</u> | \$ <u>2,498.00</u> |
| Nonpriority Creditor's Name | | | |
| P O Box 115220 | | | |
| Number Street | | | |
| Carrollton | | TX | 75011 |
| City | | State | ZIP Code |
| Who incurred the debt? Check one. | | | |
| <input type="checkbox"/> Debtor 1 only | | | |
| <input type="checkbox"/> Debtor 2 only | | | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | | |
| <input checked="" type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input type="checkbox"/> No | | | |
| <input checked="" type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply. | | | |
| <input type="checkbox"/> Contingent | | | |
| <input type="checkbox"/> Unliquidated | | | |
| <input checked="" type="checkbox"/> Disputed | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans | | | |
| <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | |
| <input type="checkbox"/> Other. Specify <u>CONSUMER DEBT</u> | | | |

| | | | |
|--|------------------|--|--------------------|
| 4.2 | LVNV Funding LLC | Last 4 digits of account number <u>6 8 8 8</u> | \$ <u>1,570.00</u> |
| Nonpriority Creditor's Name | | | |
| 355 S Main St Ste 300-D | | | |
| Number Street | | | |
| Greenville, | | SC | 29601 |
| City | | State | ZIP Code |
| Who incurred the debt? Check one. | | | |
| <input type="checkbox"/> Debtor 1 only | | | |
| <input type="checkbox"/> Debtor 2 only | | | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | | |
| <input checked="" type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input type="checkbox"/> No | | | |
| <input checked="" type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply. | | | |
| <input type="checkbox"/> Contingent | | | |
| <input type="checkbox"/> Unliquidated | | | |
| <input checked="" type="checkbox"/> Disputed | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans | | | |
| <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | |
| <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u> | | | |

| | | | |
|--|--|---|----------------|
| 4.3 | Department of the Treasury/Internal Revenue Servic | Last 4 digits of account number <u> </u> | \$ <u>1.00</u> |
| Nonpriority Creditor's Name | | | |
| P.O. Box 7346 | | | |
| Number Street | | | |
| Philadelphia | | PA | 19101 |
| City | | State | ZIP Code |
| Who incurred the debt? Check one. | | | |
| <input checked="" type="checkbox"/> Debtor 1 only | | | |
| <input type="checkbox"/> Debtor 2 only | | | |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only | | | |
| <input type="checkbox"/> At least one of the debtors and another | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | |
| Is the claim subject to offset? | | | |
| <input type="checkbox"/> No | | | |
| <input checked="" type="checkbox"/> Yes | | | |
| As of the date you file, the claim is: Check all that apply. | | | |
| <input type="checkbox"/> Contingent | | | |
| <input type="checkbox"/> Unliquidated | | | |
| <input checked="" type="checkbox"/> Disputed | | | |
| Type of NONPRIORITY unsecured claim: | | | |
| <input type="checkbox"/> Student loans | | | |
| <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | |
| <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | |
| <input type="checkbox"/> Other. Specify <u>unknown tax period</u> | | | |

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

| After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. | | Total claim |
|--|--|--|
| 4.4 | <div><div>PCF Properties in Texas LLC</div><div>Nonpriority Creditor's Name</div><div>1942 Broadway St. STE 314C</div><div>Number Street</div><div>Boulder CO 80302</div><div>City State ZIP Code</div><div>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</div></div> | <div>Last 4 digits of account number \$ 1.00</div> <div>When was the debt incurred?</div> <div>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Settlement Agreement</div> |
| | <div><div></div><div>Nonpriority Creditor's Name</div><div></div><div>Number Street</div><div></div><div>City State ZIP Code</div><div>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</div></div> | <div>Last 4 digits of account number \$</div> <div>When was the debt incurred?</div> <div>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify</div> |
| | <div><div></div><div>Nonpriority Creditor's Name</div><div></div><div>Number Street</div><div></div><div>City State ZIP Code</div><div>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</div></div> | <div>Last 4 digits of account number \$</div> <div>When was the debt incurred?</div> <div>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify</div> |

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____

Name _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____

Name _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____

Name _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____

Name _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____

Name _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____

Name _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

On which entry in Part 1 or Part 2 did you list the original creditor?Line _____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☐ Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claim**Total claims
from Part 1**

6a. Domestic support obligations

6a. \$ 0.00

6b. Taxes and certain other debts you owe the government

6b. \$ 1.00

6c. Claims for death or personal injury while you were intoxicated

6c. \$ 0.00

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$

6e. Total. Add lines 6a through 6d.

6e. \$ 4,069.00

Total claim**Total claims
from Part 2**

6f. Student loans

6f. \$

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$

6j. Total. Add lines 6f through 6i.

6j. \$

Fill in this information to identify your case:

Debtor ELIZABETH THOMAS
First Name Middle Name Last Name

Debtor 2
(Spouse If filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of New York

Case number 25-11431
(If known)

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or company with whom you have the contract or lease | State what the contract or lease is for |
|-----|---|---|
| 2.1 | <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> | |
| 2.2 | <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> | |
| 2.3 | <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> | |
| 2.4 | <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> | |
| 2.5 | <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> | |

Debtor 1

ELIZABETH

THOMAS

Case number (if known) 25-11431

Additional Page if You Have More Contracts or Leases

| Person or company with whom you have the contract or lease | What the contract or lease is for |
|--|-----------------------------------|
| <div>2.2</div> <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |
| <div>2.</div> <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |
| <div>2.</div> <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |
| <div>2.</div> <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |
| <div>2.</div> <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |
| <div>2.</div> <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |
| <div>2.</div> <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |
| <div>2.</div> <div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div> | |

Fill in this information to identify your case:

| | | | |
|----------|------------------|-------------|-----------|
| Debtor 1 | ELIZABETH THOMAS | | |
| | First Name | Middle Name | Last Name |

| | | | |
|---------------------------------|------------|-------------|-----------|
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
|---------------------------------|------------|-------------|-----------|

United States Bankruptcy Court for the: Southern District of New York

Case number 25-11431
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 1061

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. **Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

☐ Employed
☒ Not employed

Occupation

Employer's name

Employer's address

| Number | Street |
|--------|--------|
|--------|--------|

| City | State | ZIP Code |
|------|-------|----------|
|------|-------|----------|

How long employed there?

Debtor 2 or non-filing spouse

☐ Employed

☐ Not employed

| Number | Street |
|--------|--------|
|--------|--------|

| City | State | ZIP Code |
|------|-------|----------|
|------|-------|----------|

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or non-filing spouse

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00

\$

3. **Estimate and list monthly overtime pay.**

3. + \$ 0.00

+ \$

4. **Calculate gross income.** Add line 2 + line 3.

| | | |
|----|----|------|
| 4. | \$ | 0.00 |
|----|----|------|

§

Debtor 1

ELIZABETH THOMAS

First Name

Middle Name

Last Name

Case number (if known) 25-11431

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|-------------------|-----------------------------------|
| Copy line 4 here..... → 4. | \$ 0.00 | \$ |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ 0.00 | \$ |
| 5b. Mandatory contributions for retirement plans | 5b. \$ 0.00 | \$ |
| 5c. Voluntary contributions for retirement plans | 5c. \$ 0.00 | \$ |
| 5d. Required repayments of retirement fund loans | 5d. \$ 0.00 | \$ |
| 5e. Insurance | 5e. \$ 0.00 | \$ |
| 5f. Domestic support obligations | 5f. \$ 0.00 | \$ |
| 5g. Union dues | 5g. \$ 0.00 | \$ |
| 5h. Other deductions. Specify: _____ | 5h. + \$ 0.00 | + \$ |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | 6. \$ 0.00 | \$ |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ 0.00 | \$ |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ 0.00 | \$ |
| 8b. Interest and dividends | 8b. \$ 0.00 | \$ |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ 0.00 | \$ |
| 8d. Unemployment compensation | 8d. \$ 0.00 | \$ |
| 8e. Social Security | 8e. \$ 941.00 | \$ |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____ | 8f. \$ 0.00 | \$ |
| 8g. Pension or retirement income | 8g. \$ 0.00 | \$ |
| 8h. Other monthly income. Specify: if needed family support of _____ | 8h. + \$ 600.00 | + \$ |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | 9. \$ 1,541.00 | \$ |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ 1,541.00 + | \$ 1,541.00 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____ | | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies | 12. \$ 1,541.00 | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: I have pending lawsuits | | |

Fill in this information to identify your case:

Debtor 1 ELIZABETH THOMAS
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of New York

Case number 25-14311
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

☒ No

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 600.00

If not included in line 4:

4a. Real estate taxes 4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance 4b. \$ ~~0.00~~

4c. Home maintenance, repair, and upkeep expenses 4c. \$ 0.00

4d. Homeowner's association or condominium dues 4d. \$ 0.00

Debtor 1 **ELIZABETH** **THOMAS**
First Name Middle Name Last Name

Case number (if known) 25-14311

| | | Your expenses |
|------|--|---------------|
| 5. | Additional mortgage payments for your residence , such as home equity loans | \$ 0.00 |
| 6. | Utilities: | |
| 6a. | Electricity, heat, natural gas | \$ 86.00 |
| 6b. | Water, sewer, garbage collection | \$ |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | \$ 104.00 |
| 6d. | Other. Specify: _____ | \$ |
| 7. | Food and housekeeping supplies | \$ 300.00 |
| 8. | Childcare and children's education costs | \$ 0.00 |
| 9. | Clothing, laundry, and dry cleaning | \$ 0.00 |
| 10. | Personal care products and services | \$ 100.00 |
| 11. | Medical and dental expenses | \$ 0.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | \$ 150.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | \$ |
| 14. | Charitable contributions and religious donations | \$ |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | |
| 15a. | Life insurance | \$ 0.00 |
| 15b. | Health insurance | \$ 0.00 |
| 15c. | Vehicle insurance | \$ 99.00 |
| 15d. | Other insurance. Specify: _____ | \$ 0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | \$ 0.00 |
| 17. | Installment or lease payments: | |
| 17a. | Car payments for Vehicle 1 | \$ 0.00 |
| 17b. | Car payments for Vehicle 2 | \$ |
| 17c. | Other. Specify: _____ | \$ |
| 17d. | Other. Specify: _____ | \$ |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | \$ 0.00 |
| 19. | Other payments you make to support others who do not live with you. Specify: _____ | \$ |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | |
| 20a. | Mortgages on other property | \$ 0.00 |
| 20b. | Real estate taxes | \$ 0.00 |
| 20c. | Property, homeowner's, or renter's insurance | \$ 0.00 |
| 20d. | Maintenance, repair, and upkeep expenses | \$ 0.00 |
| 20e. | Homeowner's association or condominium dues | \$ 0.00 |

Debtor 1

ELIZABETH

First Name

Middle Name

THOMAS

Last Name

Case number (if known) 25-14311

21. **Other.** Specify: _____

21. **+\$** _____ 0.00

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$ _____ 1,439.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ _____ 0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ _____ 1,439.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. \$ _____ 1,541.00

23b. Copy your monthly expenses from line 22c above.

23b. **−**\$ _____ 1,439.00

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. \$ _____ 102.00

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here: Yes I have pending lawsuit with valid claims

Fill in this information to identify your case:

Debtor 1 ELIZABETH THOMAS
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of New York

Case number 25-11431
(If known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1 lived there

Debtor 2:

Dates Debtor 2 lived there

8202 Terra Valley lane

Number Street

From _____

To _____

☐ Same as Debtor 1

Number Street

From _____

To _____

Tomball Tx 77375

City State ZIP Code

City State ZIP Code

22 Ann Street

Number Street

From _____

To _____

☐ Same as Debtor 1

Number Street

From _____

To _____

Harrison NY 10504

City State ZIP Code

City State ZIP Code

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1 **ELIZABETH** **THOMAS** Case number (if known) **25-11431**
First Name Middle Name Last Name

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☒ No

☐ Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | |
|--|---|--|---|--|
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ |
| For last calendar year: (January 1 to December 31, _____) YYYY | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ |
| For the calendar year before that: (January 1 to December 31, _____) YYYY | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | \$ _____ |

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☒ No

☐ Yes. Fill in the details.

| | Debtor 1 | | Debtor 2 | |
|--|--------------------------------------|---|--------------------------------------|---|
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | _____ | \$ _____ | _____ | \$ _____ |
| | _____ | \$ _____ | _____ | \$ _____ |
| | _____ | \$ _____ | _____ | \$ _____ |
| For last calendar year: (January 1 to December 31, _____) YYYY | _____ | \$ _____ | _____ | \$ _____ |
| | _____ | \$ _____ | _____ | \$ _____ |
| | _____ | \$ _____ | _____ | \$ _____ |
| For the calendar year before that: (January 1 to December 31, _____) YYYY | _____ | \$ _____ | _____ | \$ _____ |
| | _____ | \$ _____ | _____ | \$ _____ |
| | _____ | \$ _____ | _____ | \$ _____ |

Debtor 1 **ELIZABETH** **THOMAS** Case number (if known) **25-11431**
First Name Middle Name Last Name

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| | Dates of payment | Total amount paid | Amount you still owe | Was this payment for... |
|---------------------|------------------|-------------------|----------------------|---|
| Creditor's Name | | \$ | \$ | <input type="checkbox"/> Mortgage |
| Number Street | | | | <input type="checkbox"/> Car |
| | | | | <input type="checkbox"/> Credit card |
| | | | | <input type="checkbox"/> Loan repayment |
| City State ZIP Code | | | | <input type="checkbox"/> Suppliers or vendors |
| | | | | <input type="checkbox"/> Other |
| Creditor's Name | | \$ | \$ | <input type="checkbox"/> Mortgage |
| Number Street | | | | <input type="checkbox"/> Car |
| | | | | <input type="checkbox"/> Credit card |
| | | | | <input type="checkbox"/> Loan repayment |
| City State ZIP Code | | | | <input type="checkbox"/> Suppliers or vendors |
| | | | | <input type="checkbox"/> Other |
| Creditor's Name | | \$ | \$ | <input type="checkbox"/> Mortgage |
| Number Street | | | | <input type="checkbox"/> Car |
| | | | | <input type="checkbox"/> Credit card |
| | | | | <input type="checkbox"/> Loan repayment |
| City State ZIP Code | | | | <input type="checkbox"/> Suppliers or vendors |
| | | | | <input type="checkbox"/> Other |

Debtor 1

ELIZABETH

First Name

Middle Name

Last Name

THOMAS

Case number (if known) 25-11431

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|--|------------------|-------------------|----------------------|-------------------------|
| Insider's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | _____ | \$ _____ | \$ _____ | |
| Insider's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | _____ | \$ _____ | \$ _____ | |

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

| | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
|--|------------------|-------------------|----------------------|--|
| Insider's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | _____ | \$ _____ | \$ _____ | |
| Insider's Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | _____ | \$ _____ | \$ _____ | |

Debtor 1 **ELIZABETH** **THOMAS** Case number (if known) **25-11431**
First Name Middle Name Last Name

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

| | Nature of the case | Court or agency | Status of the case |
|--|--|--|---|
| Case title <u>Elizabeth Thomas</u> <u>MTH Lending Group et, al</u> Case number <u>2016-87941</u> | Case numbers include 2017-04089, 2017-76078 2017-82388, regarding title to the property and 4 mortgage loan allegedly funded on the same day to purchase property HOA clai | <u>333rd District Court Harris County</u> Court Name <u>201 Caroline Street</u> Number Street <u>Houston Tx</u> City State ZIP Code | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Case title <u>PCF Properties in Tex</u> <u>vs In Re</u> Case number <u>2020-35780</u> | this case involves litigation with P.C.F. Properties in TX, LLC claims the fraudulent liens these same claims are also pending in various other courts | <u>80th District Court Harris County</u> Court Name <u>201 Caroline Street</u> Number Street <u>Houston Tx</u> City State ZIP Code | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

| | Describe the property | Date | Value of the property |
|---|---|------|-----------------------|
| Creditor's Name Number Street City State ZIP Code | | | \$ |
| | Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. | | |
| Creditor's Name Number Street City State ZIP Code | | | \$ |
| | Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied. | | |

Debtor 1 **ELIZABETH** **THOMAS** Case number (if known) **25-11431**
First Name Middle Name Last Name

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

| Creditor's Name | Describe the action the creditor took | Date action was taken | Amount |
|---|---------------------------------------|-----------------------|--------|
| Number Street City State ZIP Code | | | \$ |
| Last 4 digits of account number: XXXX-__ __ __ __ | | | |

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☐ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
|--|--------------------|--------------------------|-------|
| Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you | | | \$ |
| | | | \$ |
| Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you | | | \$ |
| | | | \$ |

Debtor 1 **ELIZABETH** **THOMAS** Case number (if known) 25-11431
First Name Middle Name Last Name

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
|--|-------------------------------|----------------------|-------|
| Charity's Name | | | \$ |
| | | | \$ |
| Number Street | | | |
| City State ZIP Code | | | |

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☐ No
☒ Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> . | Date of your loss | Value of property lost |
|--|---|-------------------|------------------------|
| Property, jewelry, silver, gold and cash household furniture | no insurance theft | 08/15/2023 | \$ 745,908.00 |

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☒ No
☐ Yes. Fill in the details.

| Person Who Was Paid | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|---|-----------------------------------|-------------------|
| Number Street | | | \$ |
| | | | \$ |
| City State ZIP Code | | | |
| Email or website address | | | |
| Person Who Made the Payment, if Not You | | | |

Debtor 1 **ELIZABETH** **THOMAS** Case number (if known) **25-11431**
First Name Middle Name Last Name

| Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|-----------------------------------|--------------------------|
| Person Who Was Paid _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ Email or website address _____ Person Who Made the Payment, if Not You _____ | _____ _____ | \$ _____ \$ _____ |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

| Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|--|-----------------------------------|--------------------------|
| Person Who Was Paid _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ | _____ _____ | \$ _____ \$ _____ |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

| Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|--|------------------------|
| Person Who Received Transfer _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ Person's relationship to you _____ | | _____ |
| Person Who Received Transfer _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____ Person's relationship to you _____ | | _____ |

Debtor 1

ELIZABETH

First Name

Middle Name

THOMAS

Last Name

Case number (if known) 25-11431

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

☒ No

☐ Yes. Fill in the details.

Name of trust _____

Description and value of the property transferred

Date transfer was made

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☒ No

☐ Yes. Fill in the details.

Name of Financial Institution

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

XXXX-__ __ __ __

☐ Checking

☐ Savings

☐ Money market

☐ Brokerage

☐ Other _____

\$ _____

Number Street

City State ZIP Code

Name of Financial Institution

XXXX-__ __ __ __

☐ Checking

☐ Savings

☐ Money market

☐ Brokerage

☐ Other _____

\$ _____

Number Street

City State ZIP Code

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No

☐ Yes. Fill in the details.

Who else had access to it?

Describe the contents

Do you still have it?

Name of Financial Institution

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

☐ No

☐ Yes

Debtor 1 **ELIZABETH** **THOMAS** Case number (if known) **25-11431**
First Name Middle Name Last Name

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☐ No
☒ Yes. Fill in the details.

| Who else has or had access to it? | | Describe the contents | Do you still have it? |
|-----------------------------------|--------------------|-----------------------|--|
| Name of Storage Facility | Name | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |
| Number Street | Number Street | | |
| | CityState ZIP Code | | |
| City State ZIP Code | | | |

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

| Where is the property? | Describe the property | Value |
|--|-----------------------|-------|
| Owner's Name Number Street City State ZIP Code | | \$ |
| Number Street City State ZIP Code | | |

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

| Governmental unit | Environmental law, if you know it | Date of notice |
|---|-----------------------------------|----------------|
| Name of site Number Street City State ZIP Code | | |
| Governmental unit Number Street City State ZIP Code | | |

Debtor 1

ELIZABETH

First Name

Middle Name

THOMAS

Last Name

Case number (if known) 25-11431

25. Have you notified any governmental unit of any release of hazardous material?

☒ No

☐ Yes. Fill in the details.

| Governmental unit | | Environmental law, if you know it | Date of notice |
|---------------------|---------------------|-----------------------------------|----------------|
| Name of site | Governmental unit | | |
| Number Street | Number Street | | |
| City State ZIP Code | City State ZIP Code | | |
| City State ZIP Code | City State ZIP Code | | |

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No

☐ Yes. Fill in the details.

| Court or agency | Nature of the case | Status of the case |
|---------------------|---------------------|--|
| Case title | | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Court Name | | |
| Number Street | | |
| Case number | | |
| City State ZIP Code | City State ZIP Code | |

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

☒ No. None of the above applies. Go to Part 12.

☐ Yes. Check all that apply above and fill in the details below for each business.

| | | |
|---|-------------------------------------|--|
| Business Name Number Street City State ZIP Code | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| | | EIN: ____ - ____ - ____ |
| | Name of accountant or bookkeeper | Dates business existed From ____ To ____ |
| Business Name Number Street City State ZIP Code | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| | | EIN: ____ - ____ - ____ |
| | Name of accountant or bookkeeper | Dates business existed From ____ To ____ |

Debtor 1

ELIZABETH

First Name

Middle Name

THOMAS

Last Name

Case number (if known) 25-11431

Business Name

Number Street

City State ZIP Code

Describe the nature of the business

Name of accountant or bookkeeper

Employer Identification number

Do not include Social Security number or ITIN.

EIN: _ _ - _ _ _ _ _

Dates business existed

From _ _ _ _ To _ _ _ _

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City State ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Elizabeth Thomas

Signature of Debtor 1

X

Signature of Debtor 2

Date 07/10/2025

Date

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ . Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 ELIZABETH THOMAS
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of New York

Case number 25-11431
(If known)

☐ Check if this is an
amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /S/ Elizabeth Thomas
Signature of Debtor 1

X _____
Signature of Debtor 2

Date 07/10/2025
MM / DD / YYYY

Date _____
MM / DD / YYYY